

HOUSTON FIRE DEPARTMENT APPLICANT QUESTIONNAIRE

PART A



**HOUSTON
FIRE
DEPARTMENT**

Revised October 15, 2015

**Please complete this
Questionnaire and bring to the
Orientation Meeting**

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The policies governing the Houston Fire Department hiring process are meant to serve only as guidelines and are subject to change without notice. The needs and goals of the City of Houston Fire Department determine changes in policies. Therefore, all applicants are subject to these changes and must adhere to them.

Note: An adult is anyone who is seventeen (17) years of age or older as defined by the Texas Penal Code.

THEFTS

1. As an Adult, have you stolen any cash, merchandise, property and/or items (includes theft of service i.e., Cable) **OR** purchased any items that you suspected were stolen?

No ☐ Yes ☐

If yes, please complete the following:

Note: Complete a statement for each admission (see page 21)

Item	Quantity	Date (month/year)	Value (\$)	From Whom

PENDING COURT ACTIVITY

1. Do you have any pending civil, criminal, traffic or any other court activity? (This includes warrants, lawsuits, or any type of probationary and/or deferred adjudication sentence of any type)

No ☐ Yes ☐

If yes, please complete a statement (see page 21) and answer the following:

a. Court name the activity is filed: _____

b. Who are the parties? _____

c. What is the nature of the activity? _____

2. Do you think that the court activity will interfere with your completion of the academy?

No ☐ Yes ☐

If yes, please explain _____

CRIMINAL ACTIVITY

Must submit a Certificate of Disposition (court document) for each incident

As a minor or an adult, list all arrests, misdemeanors and felonies for charges filed, warrants issued, bonds posted, whether you were convicted or not convicted. List all occasions when you have been stopped, detained, searched, arrested, charged with failure to appear to court, issued a misdemeanor citation, given a sobriety test, questioned by the police for any reason other than a normal traffic stop.

(Probation time, deferred adjudication, paid restitution and fines are considered part of the sentence period.)

Note: Complete a statement for each admission (see page 21)

☐

Check this box if you have NEVER been involved in any criminal activity.

A. Charge _____	Date of Charge _____
End Result _____	Date Sentence Completed _____
Enforcement Agency _____	
Address _____	Phone No. _____
City _____ State _____	Phone No. _____

B. Charge _____	Date of Charge _____
End Result _____	Date Sentence Completed _____
Enforcement Agency _____	
Address _____	Phone No. _____
City _____ State _____	Phone No. _____

C. Charge _____	Date of Charge _____
End Result _____	Date Sentence Completed _____
Enforcement Agency _____	
Address _____	Phone No. _____
City _____ State _____	Phone No. _____

D. Charge _____	Date of Charge _____
End Result _____	Date Sentence Completed _____
Enforcement Agency _____	
Address _____	Phone No. _____
City _____ State _____	Phone No. _____

E. Charge _____	Date of Charge _____
End Result _____	Date Sentence Completed _____
Enforcement Agency _____	
Address _____	Phone No. _____
City _____ State _____	Phone No. _____

MOVING VIOLATIONS AND DRIVING RECORD

1. D.L. Number _____ State _____ Exp. Date _____
a. Any restrictions? Type _____
b. Type of license (e.g., Chauffeur's, etc.) _____
c. Have you ever been licensed as a Driver in another state? No ☐ Yes ☐

If yes, please list the state and note the status (active, expired, etc.) of the license:

State: _____ Status: _____
State: _____ Status: _____

2. Has your license **ever** been suspended or placed on probation? No ☐ Yes ☐

3. Have you **ever** been convicted for the offense of Driving While Intoxicated (DWI) of a motorized vehicle or Driving Under the Influence (DUI) of alcohol and/or drugs of a motorized vehicle? (car, truck, motorcycle, boat, plane, ATV, etc)

(Please include any "Obstruction of a Highway" or "Reckless Driving" charge)

No ☐ Yes ☐

If yes, please complete the following:

Note: Complete a statement for each admission (see page 21)

Date _____ Location _____
Result _____

Date _____ Location _____
Result _____

4. Have you ever been convicted of driving while license suspended? No ☐ Yes ☐

5. Have you ever been convicted of not providing proof of financial responsibility (no insurance)?
No ☐ Yes ☐

6. Have you ever been convicted of a Failure to Appear? No ☐ Yes ☐

MOVING VIOLATIONS AND DRIVING RECORD

List all citations, arrests, detentions and tickets for any moving violation, **other than parking tickets**, occurring during the **past 36 months**. **This will require a current driving record**. Please include the disposition (guilty, not guilty, no contest, jailed, defensive driving, deferred adjudication, dismissed, etc).

Where multiple violations were issued on a single traffic stop, list each as an individual violation. List all traffic accidents in which you have been involved **during the past 36 months**. Include only those accidents in which **you** were the driver of the vehicle and a citation was issued to **you**.

☐ Check this box if you have never received any moving violation citations at all.

A. Violation _____		Date of Violation _____	
City _____ State _____		End Result _____	
Enforcement Agency Investigating _____			
Address _____		Phone No. _____	
City _____		State _____ Zip Code _____	
B. Violation _____		Date of Violation _____	
City _____ State _____		End Result _____	
Enforcement Agency Investigating _____			
Address _____		Phone No. _____	
City _____		State _____ Zip Code _____	
C. Violation _____		Date of Violation _____	
City _____ State _____		End Result _____	
Enforcement Agency Investigating _____			
Address _____		Phone No. _____	
City _____		State _____ Zip Code _____	
D. Violation _____		Date of Violation _____	
City _____ State _____		End Result _____	
Enforcement Agency Investigating _____			
Address _____		Phone No. _____	
City _____		State _____ Zip Code _____	
E. Violation _____		Date of Violation _____	
City _____ State _____		End Result _____	
Enforcement Agency Investigating _____			
Address _____		Phone No. _____	
City _____		State _____ Zip Code _____	

ILLEGAL DRUG USE/POSSESSION

When filling in the dates of first usage and last usage indicate the **month and year**. Past usage does *not necessarily* disqualify you for employment. This list, however, does not constitute a complete list. The HFD reserves the right to add and/or include any substance declared as illegal and/or controlled substance by the Texas Penal Code, the Texas Controlled Substance Act and/or the Texas Health and Safety Chapters 481 and 483.

DRUG NAME	FIRST TIME USED DATE	LAST TIME USED DATE	ON JOB USAGE FIRST & LAST TIME	TOTAL # OF TIMES USED	CHECK IF NEVER USED
Heroin (Mexican Mud, Horse or Junk)					
Opium (B "O" or Black Stuff)					
Codeine (Turps or School Boys, Lean, Syrup or Cough Syrup)					
L.S.D. (Acid, Orange or Yellow Sunshine)					
Morphine (White Tuff or Morf)					
Flakka (gravel or "the insanity drug")					
Methadine (Dolls, Dollies or Meth)					
Pethidene (Demerol or Dennies)					
Methamphetamine (Speed, Crystal or Meth)					
Cocaine (Coke or Snow)					
Pencyclidine (P.C.P., Angel Dust or Crystal)					
Desoxyn (Methamphetamine, Copilots or "D'S")					
Methadrine (Methamphetamine, Meth or Crank)					
Percodan (Orycodone or Perkies)					
Mescaline (Cactus)					
Morning Glory Seeds					
Psilbocybin (Magic Mushroom)					
STP, DOM (Dimethoxymethy Amphetamine Baby, Hawaiiin or Rosewood)					
Ketamine Hydrochloride (Green, Special K or Vitamin K)					
Hashish (Kif or Herb Sale)					
Hash Oil (Honey or Red Oil)					

ILLEGAL DRUG USE/POSSESSION

DRUG NAME	FIRST TIME USED DATE	LAST TIME USED DATE	ON JOB USAGE FIRST & LAST TIME	TOTAL # OF TIMES USED	CHECK IF NEVER USED
THC (Tetrahyrocannabinol or Tee)					
Benzedrine (Sodium Butabrital or Bennies)					
Bephetamine (Black Mollies or Black Beauties)					
Dexedrine (Dextroamphetamine, Dex or Speed)					
Preludin					
Adderral, Ritalin (Methylphedate or Upper)					
Dextroamphetaminis (Dexies)					
Darvon (Propoxyphene)					
Talwin (Pentazocine or T's)					
Dalmine (Trans or Down, Dalmana)					
Equanil-Miltown (Meproamate)					
Librium (Chlordazepoxide)					
Serax (Oxazepam)					
Phenobarbital (Pennies, or Purple Hearts)					
Valium (Diazepam) Xanax, Xanax XR, Niraavam (alprazolam)					
Mellaril (Thioridazine)					
Thorazine (Chlorpromazien)					
MDA (Love Drug or Peace Pill)					
Peyote (Buttons)					
Amytal (Blues, Downers or Blue Haven)					
Nembutal (Yellow or Yellow Jackets)					
Seconal (Reds, F-40'S or Red Devils)					
Tuinal (Rainbow, Tuies, Trees or Xmas Trees)					

ILLEGAL DRUG USE/POSSESSION

DRUG NAME	FIRST TIME USED DATE	LAST TIME USED DATE	ON JOB USAGE FIRST & LAST TIME	TOTAL # OF TIMES USED	CHECK IF NEVER USED
Doriden ("D")					
Noludar (Downers)					
Placidyl Dragon (Dyls, Jelly Red or Green)					
Quaalude (Sopor Parest, Rogers, Quals or Ludes 714's)					
Mandrex (Mandy's M's, M&M or Beans)					
Anabolic Steroids					
Rohypnol					
Ecstasy					
Fry					
Marijuana (Weed)					
Spice					
Any Synthetic Drug					
Any other illegal drug not listed?					

1. Have you ever used or been in possession of any illegal drugs, synthetic drugs, controlled substances and/or inhalants?

No ☐ Yes ☐ **Note: Complete a statement for each admission (see page 21)**

2. Have you ever used prescription drugs not prescribed to your name?

No ☐ Yes ☐ **Note: Complete a statement for each admission (see page 21)**

3. Have you **ever** sold, transported, manufactured, cultivated or grown any illegal or controlled substances, including prescription drugs?

No ☐ Yes ☐ **Note: Complete a statement for each admission (see page 21)**

4. Have you ever collected anything of value, for providing someone with an illegal drug?

No ☐ Yes ☐ **Note: Complete a statement for each**

UNLAWFUL SEXUAL ACTS

Note: An adult is anyone who is seventeen (17) years of age or older as defined by the Texas Penal Code.

Notice in this section:

A Child is anyone younger than seventeen (17) years of age who is not the spouse.

Note: Complete a statement for each admission (see page 21)

1. As an Adult, have you engaged in indecent exposure? No ☐ Yes ☐
2. As an Adult, have you engaged in lewd conduct? No ☐ Yes ☐
3. Have you **ever** participated in the acts of sexual assault (rape) and/or sexual abuse; either by force or threat of injury; administered or provided rohypnol or ketamine; the victim was younger than 14 years of age or was an elderly or a disabled individual? No ☐ Yes ☐
4. Have you **ever** engaged in an incestuous act? An incestuous act is a prohibited sexual conduct with an ancestor or descendant by blood or adoption. No ☐ Yes ☐
5. Have you **ever** engaged in any sexual activity with a **child**, such as touching or fondling?
No ☐ Yes ☐
6. Have you **ever**-engaged in indecent acts with a **child**? No ☐ Yes ☐
7. Are you now, or have you ever been required to register as a Sex Offender? No ☐ Yes ☐

FAMILY STATUS

1. What is your present marital status? Single ☐ Married ☐
2. Are you required by law to pay Child Support? Not Applicable ☐ No ☐ Yes ☐
3. Are you current on your payments? Not Applicable ☐ No ☐ Yes ☐

EDUCATION

1. Do you have a G.E.D.? No ☐ Yes ☐ High School Diploma? No ☐ Yes ☐

2. Have you ever attended college? No ☐ Yes ☐

a. Are you presently attending? No ☐ Yes ☐

b. Did you obtain a degree? No ☐ Yes ☐

Beginning with your **present or most recent school**, list all schools (e.g. colleges, trade schools, etc.) you have attended regardless of the length of time attended. If your attendance at a school or college was interrupted, please list each period attended as a separate school.

<p>A. School Name _____</p> <p>School Address _____</p> <p>Street City State Zip Code</p> <p>Dates Attended from _____ to _____</p> <p>(Month/Year) (Month/Year) Phone Number</p> <p>Hours or Highest Grade Completed _____ Date of Graduation _____</p> <p>Type of Degree or Diploma _____</p>
<p>B. School Name _____</p> <p>School Address _____</p> <p>Street City State Zip Code</p> <p>Dates Attended from _____ to _____</p> <p>(Month/Year) (Month/Year) Phone Number</p> <p>Hours or Highest Grade Completed _____ Date of Graduation _____</p> <p>Type of Degree or Diploma _____</p>
<p>C. School Name _____</p> <p>School Address _____</p> <p>Street City State Zip Code</p> <p>Dates Attended from _____ to _____</p> <p>(Month/Year) (Month/Year) Phone Number</p> <p>Hours or Highest Grade Completed _____ Date of Graduation _____</p> <p>Type of Degree or Diploma _____</p>
<p>D. School Name _____</p> <p>School Address _____</p> <p>Street City State Zip Code</p> <p>Dates Attended from _____ to _____</p> <p>(Month/Year) (Month/Year) Phone Number</p> <p>Hours or Highest Grade Completed _____ Date of Graduation _____</p> <p>Type of Degree or Diploma _____</p>
<p>E. School Name _____</p> <p>School Address _____</p> <p>Street City State Zip Code</p> <p>Dates Attended from _____ to _____</p> <p>(Month/Year) (Month/Year) Phone Number</p> <p>Hours or Highest Grade Completed _____ Date of Graduation _____</p> <p>Type of Degree or Diploma _____</p>

EDUCATION

F. School Name _____			
School Address _____			
Street	City	State	Zip Code
Dates Attended from _____ to _____		Phone Number _____	
(Month/Year)		(Month/Year)	
Hours or Highest Grade Completed _____		Date of Graduation _____	
Type of Degree or Diploma _____			

G. School Name _____			
School Address _____			
Street	City	State	Zip Code
Dates Attended from _____ to _____		Phone Number _____	
(Month/Year)		(Month/Year)	
Hours or Highest Grade Completed _____		Date of Graduation _____	
Type of Degree or Diploma _____			

H. School Name _____			
School Address _____			
Street	City	State	Zip Code
Dates Attended from _____ to _____		Phone Number _____	
(Month/Year)		(Month/Year)	
Hours or Highest Grade Completed _____		Date of Graduation _____	
Type of Degree or Diploma _____			

I. School Name _____			
School Address _____			
Street	City	State	Zip Code
Dates Attended from _____ to _____		Phone Number _____	
(Month/Year)		(Month/Year)	
Hours or Highest Grade Completed _____		Date of Graduation _____	
Type of Degree or Diploma _____			

MILITARY HISTORY

1. Have you ever served or enlisted in the military services? Not Applicable ☐ No ☐ Yes ☐
If yes, please answer the following:

a. Branch _____ Rank _____ Type of Discharge _____
b. Date In _____ Date Out _____
c. Did you ever receive any disciplinary action while in the service?
Not Applicable ☐ No ☐ Yes ☐

If yes, please answer the following:

(Including Court Martial, Deck Court, Summary Court, General Court, Special Court or
Non-Judicial Punishment, Article 15, Office Hours, Captain's Mast, etc.)

Note: Complete a statement for each admission (see page 21)

Reason(s) for disciplinary action: _____

Disciplinary action taken: _____

2. Were you discharged from the military prior to your obligation of service?

Not Applicable ☐ No ☐ Yes ☐

If yes, explain

3. Were you ever AWOL? Not Applicable ☐ No ☐ Yes ☐

If yes, explain

4. Have you ever applied and been **rejected** for military service?

Not Applicable ☐ No ☐ Yes ☐

If yes, please answer the following:

a. When? _____
b. What branch of service _____
c. Additional Information _____

5. While in the military, were you ever counseled for alcohol abuse?

Not Applicable ☐ No ☐ Yes ☐

10 YEAR EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment for the **past ten (10) years** regardless of the length of time employed. Include **volunteer, part-time, temporary or seasonal employment**. If you were in the military service during this period, list **only** the service branch and dates of service in proper sequence. **If you had more than six (6) jobs, please print page 18 (as many as needed) and attach to packet.** If you were **unemployed** at any time during the **past ten (10) years**, report the dates of unemployment on the lines provided for dates of employment. Print **"UNEMPLOYED"** on the "Name of Company" line and make a statement **whether** "unemployment" benefits were received.

1. Your present employer will be contacted during the Background Investigation, would it **jeopardize** your position if we checked with your **present** employer?

No ☐ Yes ☐ (If yes, please provide proof of employment; complete a statement and explain why - see page 21)

2. Have you ever applied with the Houston Fire Department before? No ☐ Yes ☐

If yes,

a. When _____ b. Position _____

c. Outcome _____ d. If rejected, reason _____

3. Have you ever been hired with any other Fire Department? No ☐ Yes ☐

If "Yes" please give the name of the Fire Department and the present status:

4. Do you now or have you ever had any "pending" issues with the TCFP or TDSHS and/or other licensing agencies in other States?

Not Applicable ☐ No ☐ Yes ☐

If yes, please answer the following:

a. Nature of offense _____

b. When _____ Where _____

5. Do you now or have you ever had any "pending" issues with any other Fire Department and/or EMT services provider?

Not Applicable ☐ No ☐ Yes ☐

If yes, please answer the following:

a. Nature of offense _____

b. When _____ Where _____

6. Have you ever applied/or have been hired for any other position with the City of Houston? No ☐ Yes ☐

a. When _____ b. Position _____

c. Department _____ d. Outcome _____

e. Payroll # _____

Do not leave any blanks.

10 YEAR EMPLOYMENT HISTORY

JOB A (Current/Present)			
Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State Zip
Dates of Employment			
Reason(s) for Leaving			
		Check One	
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)	<input type="checkbox"/> Yes	
Were you ever subjected to disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	

JOB B			
Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State Zip
Dates of Employment			
Reason(s) for Leaving			
		Check One	
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)	<input type="checkbox"/> Yes	
Were you ever subjected to disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	

10 YEAR EMPLOYMENT HISTORY

JOB C			
Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State
		Zip	
Dates of Employment			
Reason(s) for Leaving			
Check One			
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)	<input type="checkbox"/> Yes	
Were you ever subjected to disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	

JOB D			
Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State
		Zip	
Dates of Employment			
Reason(s) for Leaving			
Check One			
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)	<input type="checkbox"/> Yes	
Were you ever subjected to disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	

10 YEAR EMPLOYMENT HISTORY

JOB E			
Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State Zip
Dates of Employment			
Reason(s) for Leaving			
		Check One	
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)	<input type="checkbox"/> Yes	
Were you ever subjected to disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	

JOB F			
Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State Zip
Dates of Employment			
Reason(s) for Leaving			
		Check One	
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)	<input type="checkbox"/> Yes	
Were you ever subjected to disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	

10 YEAR EMPLOYMENT HISTORY

JOB G			
Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State
			Zip
Dates of Employment			
Reason(s) for Leaving			
Check One			
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)	<input type="checkbox"/> Yes	
Were you ever subjected to disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	

JOB H			
Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State
			Zip
Dates of Employment			
Reason(s) for Leaving			
Check One			
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)	<input type="checkbox"/> Yes	
Were you ever subjected to disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	

5 YEAR RESIDENTIAL HISTORY

Beginning with your present residence, list all addresses where you have lived during the **past five (5) years** regardless of the length of time spent at residence. Do **not** list mailing addresses, or so-called permanent addresses, unless you actually **lived** at that location at the time in question. If you had more than four residences, please print page 19 (as needed) and attach to packet. If you were in the military service during this period, list all Duty Stations giving dates that you were stationed there. List additional Duty Stations on a separate sheet of paper if necessary.

<p style="text-align: center;">Current/Present</p> <p>A. Owner of private residence or name of Apartment Complex _____ Street Address _____ State _____ Zip Code _____ Resided from _____ to _____ Landlord/manager _____ Contact Phone # _____</p>
<p style="text-align: center;">Prior</p> <p>B. Owner of private residence or name of Apartment Complex _____ Street Address _____ State _____ Zip Code _____ Resided from _____ to _____ Landlord/manager _____ Contact Phone # _____</p>
<p style="text-align: center;">Prior</p> <p>C. Owner of private residence or name of Apartment Complex _____ Street Address _____ State _____ Zip Code _____ Resided from _____ to _____ Landlord/manager _____ Contact Phone # _____</p>
<p style="text-align: center;">Prior</p> <p>D. Owner of private residence or name of Apartment Complex _____ Street Address _____ State _____ Zip Code _____ Resided from _____ to _____ Landlord/manager _____ Contact Phone # _____</p>

CHECK LIST

Have you enclosed the following?

Official Transcript (sealed) for each and every College and/or University ever attended

Documents supporting periods of unemployment
Unemployment benefits statements

W-2 or 1040 for all applicable years affected by:

- Periods of self-employment,
- Previous employers no longer in business, (due to mergers, buyouts, closing, etc.)
- Present Employers that should not be contacted

Are there any unexplained gaps in the following areas? No ☐ Yes ☐

Note: Complete a statement for each admission (see page 21)

Residence _____
Employment _____

NOTE: *Your application will not be processed if you fail to submit any of the above documents, where applicable, or if you answered "YES" to the above question and failed to provide the necessary information.*

You must return this Questionnaire in person. Please note that you must first call and make an appointment with your assigned Recruiter. You must dress in a professional manner for your interview, no shorts, tank tops, sandals, etc.

I REPRESENT AND WARRANT THAT THE ANSWERS I HAVE MADE TO EACH AND ALL OF THE FOREGOING QUESTIONS ARE *COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.*

I AM ADVISED THAT ANY FALSE STATEMENT OR INFORMATION INTENTIONALLY OMITTED IN THIS QUESTIONNAIRE, OR ANY RECRUITING DOCUMENTATION, WHETHER DISCOVERED PRIOR TO OR AFTER HIRE, WILL BE JUST CAUSE AND GROUNDS FOR IMMEDIATE REJECTION OF YOUR APPLICATION OR TERMINATION AND/OR INDEFINITE SUSPENSION.

SIGNATURE OF APPLICANT

DATE

REVIEWED BY:

DATE

CSE: _____

HOUSTON FIRE DEPARTMENT STATEMENT FORM

<input type="checkbox"/> Theft	<input type="checkbox"/> Criminal Activity	<input type="checkbox"/> Unlawful Sexual Acts	<input type="checkbox"/> Employment
<input type="checkbox"/> Pending Court	<input type="checkbox"/> Illegal drug use/possession	<input type="checkbox"/> Military Disciplinary Action	<input type="checkbox"/> Other

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Applicant Signature: _____ **Date:** _____